Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART I							SMALI	L E	NTITY		OTHER	THAN
T-(OTAL OLAINAS		(Column	11)	(Colu	ımn 2)	TYPE		.	OR		
_	OTAL CLAIMS	,	7				RAT	Έ	PEE	7 /	RATE	FEE
FC)R		NUMBER	FILED	NUMB	BER EXTRA	BASIC	FEE	370.00	OR	BASIC FEE	740.00
TC	TAL CHARGE	ABLE CLAIMS	9 mir	nus 20= *			X\$ 9	Э=		OR	X\$18=	
<u> </u>	DEPENDENT C			ninus 3 = *	,		X42	<u>'</u> =		OR	Y24	
MU	JLTIPLE DEPE	NDENT CLAIM PI	RESENT				+140	ےر —		OR		
* If	the difference	e in column 1 is	less than ze	ero, enter '	"0" in c	olumn 2	TOTA		370	OR		
	C	CLAIMS AS A	MENDEL) - PART	רון		• =	,_ I	310	JOI.	OTHER	TUAN
_		(Column 1)		(Colum	nn 2)	(Column 3)	SMA	LL F	ENTITY	OR	SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAID FO	BER USLY	PRESENT EXTRA	RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
AME	Independent FIRST PRESE	* ENTATION OF MU	Minus	PENDENT (O' AIM]=	X42=	=]		OR	X84=	
٢	FIROT FREE	INTATION OF THE	JLI IPLE DE	,FNDEM !	CLAim		+140	=.		OR	+280=	
							TOT	TAL			TOTAL	
		(Column 1)		(Columr	0)	(Column 3)	ADDIT. F	EE L		OR ,	ADDIT. FEE	
_		CLAIMS		HIGHE	ST				2001	. ,		
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIOU PAID FO	USLY	PRESENT EXTRA	RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Q.	Total	*	Minus	**		=	X\$ 9=	=		OR	X\$18=	
AME	Independent	* ENTATION OF MU	Minus	***	A IBA	=	X42=	_		OR	X84=	
	FINOTITIES	NIATION OF THE	LIPLE DE	ENDENT	CLAIM		+140=				+280=	
							TOT	ΓAL		OR	TOTAL	
		(Calumn 1)		(O-lum			ADDIT. F			OR A	ADDIT. FEE	
		(Column 1) CLAIMS		(Column HIGHES		(Column 3)	A	_				
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ER USLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total		Minus	**		=	X\$ 9=	_		OR	X\$18=	
AME	Independent		Minus	***		=	X42=	+		1	X84=	
	FIRST PHESE	ENTATION OF MU	LTIPLE DEP	ENDENT C	CLAIM			+		OR		
* 11	f the entry in colu	ımn 1 is less than the	e entry in colur	mn 2. write "(∩" in colu	ımn 3	+140=			OR	+280=	
** If ***	If the "Highest Nur If the "Highest Nu	ımber Previously Pai ımber Previously Pai	aid For" IN THIS aid For" IN THIS	S SPACE is le S SPACE is le	less than less than	n 20, enter "20." n 3. enter "3."	TOTA ADDIT. FE	EE L			TOTAL ADDIT. FEE	
Ţ	∫he "Highest Nurr	mber Previously Paid	J For" (Total or	Independen	t) is the I	nighest number	found in the	appr	opriate box	in colu	umn 1.	